

AO 435 (Rev. 04/18)					ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS Case 4:22-cv-00825-P Document 81 Filed 05/10/23 Page 1 of 1 PageID 1838					FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER											
Please Read Instructions:											
1. NAME Adam S. Hochschild					2. PHONE NUMBER (314) 503-0326			3. DATE 5/10/2023			
4. DELIVERY ADDRESS OR EMAIL adam@hochschildlaw.com					5. CITY Plainfield			6. STATE VT		7. ZIP CODE 05667	
8. CASE NUMBER 4:22-cv-825			9. JUDGE Pittman; Ray (mediator)		DATES OF PROCEEDINGS						
					10. FROM 4/26/2023			11. TO 4/26/2023			
12. CASE NAME Jackson et al. v. Mayorkas et al.					LOCATION OF PROCEEDINGS						
					13. CITY Fort Worth			14. STATE Texas			
15. ORDER FOR											
<input type="checkbox"/> APPEAL			<input type="checkbox"/> CRIMINAL			<input type="checkbox"/> CRIMINAL JUSTICE ACT			<input type="checkbox"/> BANKRUPTCY		
<input type="checkbox"/> NON-APPEAL			<input checked="" type="checkbox"/> CIVIL			<input type="checkbox"/> IN FORMA PAUPERIS			<input type="checkbox"/> OTHER		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)											
PORTIONS			DATE(S)		PORTION(S)			DATE(S)			
<input type="checkbox"/> VOIR DIRE					<input type="checkbox"/> TESTIMONY (Specify Witness)						
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)											
<input type="checkbox"/> OPENING STATEMENT (Defendant)											
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)					<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)						
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)											
<input type="checkbox"/> OPINION OF COURT											
<input type="checkbox"/> JURY INSTRUCTIONS					<input checked="" type="checkbox"/> OTHER (Specify)			4/26/2023 sealed conference			
<input type="checkbox"/> SENTENCING											
<input type="checkbox"/> BAIL HEARING											
17. ORDER											
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE				COSTS			
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>									
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL				0.00			
18. SIGNATURE /s/ Adam S. Hochschild				PROCESSED BY							
19. DATE 5/10/2023				PHONE NUMBER							
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS							
ORDER RECEIVED		DATE	BY								
DEPOSIT PAID				DEPOSIT PAID							
TRANSCRIPT ORDERED				TOTAL CHARGES				0.00			
TRANSCRIPT RECEIVED				LESS DEPOSIT				0.00			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED							
PARTY RECEIVED TRANSCRIPT				TOTAL DUE				0.00			

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